

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: [REDACTED]

FIRST AND MIDDLE NAME(S): **CAROLYN ALICE**  
LAST NAME(S): **TOMICH**

COUNTY OF DEATH: **KING**  
DATE OF DEATH: **JUNE 27, 2017**  
HOUR OF DEATH: **11:35 PM**  
SEX: **FEMALE** AGE: **77 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**  
RACE: **WHITE**

BIRTH DATE: [REDACTED] **1940**  
BIRTHPLACE: **CENTRALIA, WA**

MARITAL STATUS: **WIDOWED**  
SPOUSE: **NOT APPLICABLE**

OCCUPATION: **TEACHER**  
INDUSTRY: **EDUCATION**  
EDUCATION: **BACHELOR'S DEGREE**  
US ARMED FORCES: **NO**

INFORMANT: [REDACTED]  
RELATIONSHIP: **SON**  
ADDRESS: [REDACTED]

CAUSE OF DEATH:  
A: **SENILE DEGENERATION OF THE BRAIN**  
INTERVAL: **YEARS**  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **RIGHT HIP FRACTURE DUE TO  
BLUNT FORCE INJURY, HYPERTENSION, GASTROINTESTINAL BLEEDING,  
MALIGNANT NEOPLASM OF THE MOUTH**

DATE OF INJURY: **JUNE 01, 2017**  
HOUR OF INJURY: **03:00 AM**  
INJURY AT WORK: **UNKNOWN**  
PLACE OF INJURY: **RESIDENCE**

LOCATION OF INJURY: **12844 MILITARY ROAD S.**

CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98168**  
COUNTY: **KING**

DESCRIBE HOW INJURY OCCURRED: **FALL OUT OF BED**

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOSPITAL**  
FACILITY OR ADDRESS: **HIGHLINE MEDICAL CENTER**  
CITY, STATE, ZIP: **BURIEN, WASHINGTON 98166**

RESIDENCE STREET: [REDACTED]  
CITY, STATE, ZIP: **RENTON, WA 98055**  
INSIDE CITY LIMITS: **YES** COUNTY: **KING**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **3 YEARS**

FATHER/PARENT: **WALTER WAGNER**  
MOTHER/PARENT: **DOROTHY NUGENT**

METHOD OF DISPOSITION: [REDACTED]  
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: **LAKEWOOD, WASHINGTON**  
DISPOSITION DATE: **JULY 07, 2017**

FUNERAL FACILITY: **EDWARDS MEMORIAL CENTER**

ADDRESS: **3005 BRIDGEPORT WAY W**  
CITY, STATE, ZIP: **UNIVERSITY PLACE, WASHINGTON 98466**  
FUNERAL DIRECTOR: **JAIME N. MARTEN**

MANNER OF DEATH: **ACCIDENT**  
AUTOPSY: **NO**  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: **NOT APPLICABLE**  
DID TOBACCO USE CONTRIBUTE TO DEATH: **UNKNOWN**  
PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **NICOLE YARID, MD**  
TITLE: **CORONER/ME**  
CERTIFIER ADDRESS: **325 NINTH AVENUE, BOX 359792**  
CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98104**  
DATE SIGNED: **JUNE 30, 2017**

CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: [REDACTED]  
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **ROBBIE GASKIN**  
DATE RECEIVED: **JULY 07, 2017**